

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030416

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 74 Primary Registration District No. 4134 Registrar's No. 34

FILED AUG 16 1962

1. PLACE OF DEATH

a. COUNTY

Clinton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)

Plattsburg

Length of stay in lb

25 yrs.

c. CITY

Plattsburg

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

419 N. Main

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

419 N. Main

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Essie

Middle

Frances

Last

Kent

4. DATE OF DEATH

Month

Aug.

Day

12

Year

1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/20/1940

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Issac N. Webb

13b. MOTHER'S MAIDEN NAME

Eller Harrington

14. NAME OF HUSBAND OR WIFE

John Kent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

John Kent

Address

Plattsburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anoxia

DUE TO (b)

Heart Pathology, Kidney infection

DUE TO (c)

Diabetes

INTERVAL BETWEEN ONSET AND DEATH

short time

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 12, 1962 death occurred before my arrival, to 930 A and last saw her alive on Aug 13, 1962Death occurred at 930 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. W. Hayward, D.D.

22b. ADDRESS

Plattsburg, Mo

22c. DATE SIGNED

Aug 13, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/14/1962

23c. NAME OF CEMETERY OR CREMATORY

King Hill

23d. LOCATION (City, town, or county)

St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cyron Funeral Home Plattsburg, Mo.

25. DATE RECD. BY LOCAL REG.

8-13-1962

26. REGISTRAR'S SIGNATURE

Mary W. Seearce

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Aug 28-1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip E. Cox

Licensed Embalmer No.

4993

P. O. Address

Lawrence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.